### RISK RETENTION GROUPS INSURERS

| COMPANY NAME: | NAIC Company Code: |
|---------------|--------------------|
| Contact:      | Telephone:         |

<u>Arkansas</u> REQUIRED FILINGS IN THE STATE OF: Filings Made During the Year 2006 (4) (5) For Internal (2) NUMBER OF COPIES\* FORM Applicable Check-DOI use Only Line SOURCE\*\* list # **REQUIRED FILINGS** DUE Notes FOR THE ABOVE DATE Domestic Foreign **STATE** Initial if State **NAIC** State Enclosed I. NAIC FINANCIAL **STATEMENTS** Annual Statement (8 ½"x14") 2 0 3/1 NAIC A, B, E, F, G, ORIGINAL H, I, J, K, L, DUPLICATE-MARKED "COPY" 1.1 3/1 NAIC Printed Investment 2 XXX Schedule detail (Pages E01-E25) 2 Quarterly Financial 2 0 5/15. NAIC **FOREIGN:** Statement (8 ½" x 14") 8/15, SEE L&M 11/15 1. ORIGINAL 2. DUPLICATE-MARKED "COPY" NAIC 3 Protected Cell Annual 2 0 3/1 XXX Statement Combined Annual 0 5/1 NAIC 4 0 Statement (8 ½" x 14") II. NAIC **SUPPLEMENTS** Accident & Health Policy NAIC 10 2 0 4/1 Experience Exhibit NAIC Combined Insurance 2 5/1 11 0 1 Expense Exhibit 12 Credit Insurance 4/1 NAIC 2 XXX Experience Exhibit Financial Guaranty NAIC 13 2 0 3/1 1 Insurance Exhibit Investment Risk 2 0 4/1 NAIC 14 Interrogatories Insurance Expense 2 15 4/1 NAIC XXXExhibit Long Term Care 4/1 16 2 **NAIC** XXX **Experience Reporting** Forms Management Discussion 2 17 1 0 4/1 Company & Analysis Medicare Supplement 2 NAIC 18 3/1 XXX Insurance Experience Exhibit 19 Premiums Attributed to 2 0 3/1 NAIC Protected Cells Exhibit Reinsurance Attestation 20 2 3/1 Company XXXSupplement 21 Reinsurance Summary 2 1 3/1 NAIC XXX Supplemental Risk-Based Capital 2 3/1 NAIC 22 1 0 Report

| 23 | Schedule SIS  | 2   | N/A                        | N/A | 3/1                            | NAIC        |                                     |                |
|----|---|-----|----------------------------|-----|--------------------------------|-------------|-------------------------------------|----------------|
| 24 | Statement of Actuarial<br>Opinion                             | 2   | 1                          | 0   | 3/1                            | Company     |                                     |                |
| 25 | Actuarial Opinion<br>Summary                                  | 2   | xxx                        | XXX | 5/1                            | Company     |                                     |                |
| 26 | Supplement A to<br>Schedule T                                 | 2   | 1                          | 0   | 3/1,<br>5/15<br>8/15,<br>11/15 | NAIC        |                                     |                |
| 27 | Supplemental<br>Compensation Exhibit                          | 2   | N/A                        | N/A | 3/1                            | NAIC        |                                     |                |
| 28 | Trusteed Surplus<br>Statement                                 | 2   | 1                          | XXX | 3/1,5/15<br>8/15,<br>11/15     | NAIC        |                                     |                |
|    | III. ELECTRONIC   |     |                            | Do  |                                | Foreign Com | panies:                             |                |
|    | FILING<br>REQUIREMENTS  |     | g as you file<br>is state. |     |                                |             | ot required to file                 | electronically |
| 30 | Annual Statement<br>Electronic Filing                         | XXX | 1                          | XXX | 3/1                            | NAIC        |                                     |                |
| 31 | March .PDF Filing   | XXX | 1                          | XXX | 3/1                            | NAIC        |                                     |                |
| 32 | Risk-Based Capital<br>Electronic Filing                       | XXX | 1                          | N/A | 3/1                            | NAIC        |                                     |                |
| 33 | Combined Annual<br>Statement Electronic<br>Filing             | XXX | 1                          | XXX | 5/1                            | NAIC        |                                     |                |
| 34 | Combined Annual Statement .PDF Filing                         | XXX | 1                          | XXX | 5/1                            | NAIC        |                                     |                |
| 35 | Supplemental Electronic Filing                                | XXX | 1                          | XXX | 4/1                            | NAIC        |                                     |                |
| 36 | Supplemental .PDF Filing                                      | XXX | 1                          | XXX | 4/1                            | NAIC        |                                     |                |
| 37 | Quarterly Electronic<br>Filing                                | XXX | 1                          | XXX | 5/15,<br>8/15,<br>11/15        | NAIC        |                                     |                |
| 38 | Quarterly .PDF Filing   | XXX | 1                          | XXX | 5/15,<br>8/15,<br>11/15        | NAIC        |                                     |                |
| 39 | June .PDF Filing  | XXX | 1                          | XXX | 6/1                            | NAIC        |                                     |                |
|    | IV. AUDITED<br>FINANCIAL<br>STATEMENTS                        |     |                            |     |                                |             |                                     |                |
| 51 | Accountants Letter of Qualifications                          | 2   | N/A                        | N/A |                                | Company     |                                     |                |
| 52 | Audited Financial<br>Statements                               | 2   | 1                          | 0   | 6/1                            | Company     |                                     |                |
| 53 | Audited Financial Statements Exemption Affidavit              | 2   | N/A                        | N/A |                                | Company     |                                     |                |
| 54 | Independent CPA   | 2   | N/A                        | N/A |                                | Company     | N                                   |                |
| 55 | Notification of Adverse<br>Financial Condition                | 2   | N/A                        | N/A |                                | Company     |                                     |                |
| 56 | Report of Significant<br>Deficiencies in Internal<br>Controls | 2   | N/A                        | N/A |                                | Company     |                                     |                |
| 57 | Request for Exemption to File                                 | 2   | N/A                        | N/A |                                | Company     | J                                   |                |
| 58 | Request to File<br>Consolidated Audited<br>Annual Statements  | 2   | N/A                        | N/A |                                |             | Not required for Foreign companies. |                |

|   | V. STATE REQUIRED FILINGS FOR THE STATE OF ARKANSAS ONLY |                          |  |  |
|---|--|--------------------------|--|--|
| 1 | 101  | Filings Checklist        | Required for Domestic companies only.  |  |
|   |  |                          | (With Column 1 completed)  |  |
| 1 | 102  | CHIP FORM                | http://chiparkansas.org/insurers%2Donly/   |  |
|   |  |                          | Mandatory AR Comprehensive Health Ins Pool Form  |  |
|   |  |                          | Due Annually March 1st   |  |
| 1 | 103  | List of Premium Tax      | Premium Tax Filing instructions for registered Risk Retention Groups                           |  |
|   |  | Forms & Due Dates        | http://insurance.arkansas.gov/Accounting/2006%20LIST%20OF%20DUE%20DATES.doc                    |  |
| 1 | 104  | Signed Jurat/Attestation | Used for Foreign companies to indicate that the annual financial statement has been filed with |  |
|   |  |                          | the NAIC. Foreign companies do not file this on a quarterly basis. Please see Note L below.    |  |
|   |  |                          | If you do not file with the NAIC, you must file a hard copy statement with us.                 |  |
| 1 | 105  | State Filing Fees        | All filings fees for certificate of authority renewal and annual statement filing fees are     |  |
|   |  |                          | included on the premium tax forms. For additional questions, please contact our Accounting     |  |
|   |  |                          | Division: 501-371-2605.  |  |

<sup>\*</sup>If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. \*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

|   | NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)  |   |
|---|--|---|
| A | Required Filings Contact Person:   | Annette Craig, Finance Division Phone: 501-371-2673 Fax: 501-371-2747 Annette.craig@arkansas.gov  |
| В | Mailing Address for Annual Statement filings:  | Arkansas Insurance Department 1200 West Third Street Little Rock, AR. 72201-1904 ATTN: FINANCE DIVISION   |
| С | Mailing Address for Premium Tax and Filing Fees:   | ATTN: ACCOUNTING DIVISION Arkansas Insurance Department 1200 West Third Street Little Rock, AR. 72201-1904 Phone: 501-371-2605, Fax: 501-371-2618   |
| D | Mailing Address for Premium Tax Payments:  | ATTN: ACCOUNTING DIVISION Arkansas Insurance Department 1200 West Third Street Little Rock, AR. 72201-1904 Phone: 501-371-2605, Fax: 501-371-2618   |
| Е | Delivery Instructions:   | All filings must be physically received at the Department, no later than the indicated due date. If due date falls on weekend or federal holiday, <b>due date</b> is next business day.   |
| F | Late Filings:  | \$100 per day for late filings without an approved extension.   |
| G | Original Signatures:   | DOMESTIC: Original signatures required on all filings.  FOREIGN: follow NAIC instructions.  |
| Н | Signature/Notarization/Certification:  | Two of 3 signatures are required on the Annual Statements. They must be signed by either of the following: President or Vice President with either the Secretary or Actuary.  |
| I | Amended Filings: (Submit to address in Note B listed above)  | Domestic Companies: File amended items within 10 days of the amendments, including an explanation of the amendment. If there are signature requirements for the original filing; it should be followed for any amendment.  Foreign Companies: Not required to file an amended jurat page indicating an amendment. We track these through the NAIC database. |
| J | Exceptions from normal filings:  (Submit all requests for extensions/exemptions to Leo Liu, Manager of Financial Analysis.  Send to address in Note B listed above.) | Foreign companies must supply a written copy of any exemption or extension received by its state of domicile at least 10 days prior to the filing date to receive such from Arkansas. Domestic companies should apply at least 30 days prior to due date.   |
| K | Bar Codes (State or NAIC)  | Not required  |

| L   | Signed Jurat:                     | Foreign companies: Sent in           |
|-----|-----------------------------------|--------------------------------------|
| L   | Signed Julat.                     | separately for verification of       |
|     |                                   | submission of the annual financial   |
|     |                                   | statement to the NAIC. The date      |
|     |                                   |                                      |
|     |                                   | submitted to the NAIC is             |
|     |                                   | considered the date submitted to     |
|     |                                   | the Arkansas Insurance               |
|     |                                   | Department. Late fines will be       |
|     |                                   | based on the date received by the    |
|     |                                   | NAIC.                                |
|     |                                   |                                      |
| M   | Quarterly Financial Statements    | Not required by Foreign              |
|     | (including Quarterly Jurat pages) | Companies.                           |
|     |                                   |                                      |
|     |                                   |                                      |
| N   | Independent CPA                   | Foreign insurers are not required    |
| - 1 | independent et 11                 | to notify this Dept. of this change. |
|     |                                   | to notify this Dept. of this change. |
|     |                                   |                                      |
|     |                                   | -                                    |
|     |                                   |                                      |
|     |                                   |                                      |
|     |                                   |                                      |
|     |                                   |                                      |

# General Instructions For Companies to Use Checklist

**Please Note:** 

This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will send mailing labels, and other information, to all companies but will not be sending their own checklist this year.

<u>Electronic filing is intended to include filing via the Internet or filing via diskette with the NAIC.</u> Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC.

#### Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

#### Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

#### Column (3) (Required Filings)

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March .PDF Filing* is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The *Risk-Based Capital Electronic Filing* includes all risk-based capital data.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The Supplemental .PDF Filing is the .pdf file for all supplemental schedules and exhibits due April 1.

The Quarterly Statement Electronic Filing includes the complete quarterly statement data.

The Quarterly Statement .PDF Filing is the .pdf file for quarterly statement data.

The *Combined Annual Statement Electronic Filing* includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The *Combined Annual Statement .PDF Filing* is the .pdf file for the Combined annual statement data and the combined Insurance Expense Exhibit.

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements.

#### Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail. if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.** 

## Column (5) (Due Date)

Indicates the date on which the company must file the form.

#### Column (6) (Form Source)

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions. If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*..

## Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes <u>before</u> submitting a filing.